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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	RLI Insurance Company
<b>TOI/Sub-TOI:</b>	17.1 Other Liability-Occ Only/17.1001 Commercial General Liability		
<b>Product Name:</b>	TRANSPORTATION FORMS - GL		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	RLI Insurance Company
Product Name:	TRANSPORTATION FORMS - GL
State:	District of Columbia
TOI:	17.1 Other Liability-Occ Only
Sub-TOI:	17.1001 Commercial General Liability
Filing Type:	Form
Date Submitted:	02/13/2020
SERFF Tr Num:	RLSC-132251020
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	TRANS-F-0120-GL
Effective Date	04/01/2020
Requested (New):	
Effective Date	04/01/2020
Requested (Renewal):	
Author(s):	Sylvia Walker, Tom Drucker, Cathy Barker
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia **Filing Company:** RLI Insurance Company  
**TOI/Sub-TOI:** 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability  
**Product Name:** TRANSPORTATION FORMS - GL  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Pending  
Project Number: Domicile Status Comments: We are filing these endorsements simultaneously in our state of domicile.  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 02/13/2020  
State Status Changed: Deemer Date:  
Created By: Sylvia Walker Submitted By: Sylvia Walker  
Corresponding Filing Tracking Number:

### Filing Description:

RLI Insurance Company is submitting several new endorsements to be used with our Transportation Programs.

Attached is a Countrywide Forms Index/Synopsis page which details each form included in this filing, and its intended use.

In accordance with your state insurance department's regulations, we request these forms be effective April 1, 2020.

We trust that the enclosed material satisfies your Department's filing requirements for form filings. If there are questions regarding this material or anything additional is necessary, please do not hesitate to contact me either directly through SERFF or as indicated below prior to taking any adverse action with regard to this submission. Thank you for your time and attention on this submission.

Sincerely,

Sylvia Walker  
Sr. IDA Analyst  
1-844-237-8197

## Company and Contact

### Filing Contact Information

Sylvia Walker, Sr. IDA Analyst  
4012 Twilight Drive South  
Fort Worth, TX 76116

Sylvia.Walker@rlicorp.com  
844-237-8197 [Phone]  
309-689-2047 [FAX]

### Filing Company Information

RLI Insurance Company	CoCode: 13056	State of Domicile: Illinois
9025 N Lindbergh Drive	Group Code: 783	Company Type: P&C
Peoria, IL 61615	Group Name: RLI Insurance Group	Domestic Stock
(800) 331-4929 ext. [Phone]	FEIN Number: 37-0915434	State ID Number:

## Filing Fees

Fee Required? No

**State:** District of Columbia**Filing Company:** RLI Insurance Company**TOI/Sub-TOI:** 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability**Product Name:** TRANSPORTATION FORMS - GL**Project Name/Number:** /

Retaliatory? No

Fee Explanation:

State: District of Columbia

Filing Company:

RLI Insurance Company

TOI/Sub-TOI: 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability

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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	TRS 700	01 20	END	New			trs7000120.pdf
2		ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	TRS 701	01 20	END	New			trs7010120.pdf
3		ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	TRS 702	01 20	END	New			trs7020120.pdf
4		ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	TRS 703	01 20	END	New			trs7030120.pdf
5		NOTIFICATION OF CANCELLATION OR NONRENEWAL – TO DESIGNATED PERSON OR ORGANIZATION – FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM	TRS 705	01 20	END	New			trs7050120.pdf
6		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	TRS 706	01 20	END	New			trs7060120.pdf

SERFF Tracking #:

RLSC-132251020

State Tracking #:

Company Tracking #:

TRANS-F-0120-GL

State: District of Columbia

Filing Company:

RLI Insurance Company

TOI/Sub-TOI: 17.1 Other Liability-Occ Only/17.1001 Commercial General Liability

Product Name: TRANSPORTATION FORMS - GL

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Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
7		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	TRS 707	01 20	END	New			trs7070120.pdf
8		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	TRS 708	01 20	END	New			trs7080120.pdf
9		PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	TRS 709	01 20	END	New			trs7090120.pdf
10		THIRTY-DAY NOTIFICATION OF CANCELLATION OR NONRENEWAL TO – DESIGNATED PERSON OR ORGANIZATION	TRS 710	01 20	END	New			trs7100120.pdf
11		WAIVER OF RIGHT OF RECOVERY – DESIGNATED PERSON OR ORGANIZATION	TRS 712	01 20	END	New			trs7120120.pdf
12		WAIVER OF RIGHT OF RECOVERY – BY WRITTEN CONTRACT	TRS 713	01 20	END	New			trs7130120.pdf
13		NOTIFICATION TO DESIGNATED PERSON OR ORGANIZATION – FOR SELECTED REASON	TRS 715	01 20	END	New			trs7150120.pdf

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	RLI Insurance Company
<b>TOI/Sub-TOI:</b>	17.1 Other Liability-Occ Only/17.1001 Commercial General Liability		
<b>Product Name:</b>	TRANSPORTATION FORMS - GL		
<b>Project Name/Number:</b>	/		

**Form Type Legend:**

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –  
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance issued for this policy and received by us prior to the date of loss, but only for liability for your negligence to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your negligence to which this insurance applies.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –  
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance and received by us prior to the date of loss, but only for liability for your operations to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your operations to which this insurance applies.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
DESIGNATED PERSONS AND ORGANIZATIONS –  
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your negligence to which this insurance applies.

**Name of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED –  
DESIGNATED PERSONS AND ORGANIZATIONS –  
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your operations to which this insurance applies.

**Name of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**NOTIFICATION OF CANCELLATION OR NONRENEWAL –  
TO DESIGNATED PERSON OR ORGANIZATION –  
FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

At your request, if we non-renew or cancel this policy for reasons other than nonpayment of premium, we will provide a minimum of \_\_\_\_ days written notification to the persons and organizations designated below at the address listed below.

If we cancel this policy for nonpayment of premium, we will provide notice to the persons and organizations designated below at the address listed below in accordance with the time specified in the applicable state notice requirement for notification to an insured.

Nothing in this endorsement changes the applicable minimum state notification requirements for cancellation or nonrenewal of this policy to an insured.

**Name and Addresses of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
ADDITIONAL INSURED –  
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –  
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional Insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance issued for this policy and received by us prior to the date of loss, but only for liability for your negligence to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your negligence to which this insurance applies.

For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
ADDITIONAL INSURED –  
CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT –  
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

Additional Insured for liability coverage provided under this policy shall include:

1. Any organization named as an additional insured on a Certificate of Insurance issued for this policy and received by us prior to the date of loss, but only for liability for your operations to which this insurance applies; or
2. Any organization you are obligated to name as an additional insured pursuant to a written contract signed by both you and the organization prior to the date of loss, but only for liability for your operations to which this insurance applies.

For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
ADDITIONAL INSURED –  
DESIGNATED PERSONS AND ORGANIZATIONS –  
FOR YOUR NEGLIGENCE**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

1. The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your negligence to which this insurance applies.
2. For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

**Name of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**PRIMARY AND NONCONTRIBUTORY –  
ADDITIONAL INSURED –  
DESIGNATED PERSONS AND ORGANIZATIONS –  
FOR YOUR OPERATIONS**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

1. The persons and organizations designated below are an additional insured for liability coverage provided under this policy, but only for liability for your operations to which this insurance applies.
2. For purposes of the liability coverage provided to an additional insured by this endorsement, this insurance is primary and noncontributory with respect to other insurance issued to the additional insured as a Named Insured, or self-insurance, which provides the same insurance as provided to you by this policy.

**Name of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**THIRTY-DAY NOTIFICATION  
OF CANCELLATION OR NONRENEWAL TO –  
DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
EXCESS INDEMNITY COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

At your request, if we non-renew or cancel this policy we will provide a minimum of thirty (30) days written notification to the persons and organizations designated below at the address listed below.

Nothing in this endorsement changes the applicable minimum state notification requirements for cancellation or nonrenewal of this policy to an insured.

**Name and Addresses of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF RIGHT OF RECOVERY – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

In consideration of the additional premium of \$\_\_\_\_\_, it is understood and agreed that:

We waive any right of recovery for payment we make that we may have against the person or organization designated below, if you have agreed to waive your right to recovery in a contract signed by you and such person or organization prior to the loss.

In addition, the following is added to **A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – BUSINESS AUTO CONDITIONS** and **SECTION V – MOTOR CARRIER CONDITIONS**, and **7. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, this condition does not apply to recovery for payment we make under this Coverage Form from the person or organization designated below if you have agreed to waive your right of recovery against such person or organization in a written contract signed prior to the loss.

We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

**Name of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **WAIVER OF RIGHT OF RECOVERY – BY WRITTEN CONTRACT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

In consideration of the additional premium of \$\_\_\_\_\_, it is understood and agreed that:

We waive any right of recovery for payment we make that we may have against any person or organization with whom you have agreed to waive your right to recovery in a contract signed by you and such person or organization prior to the loss.

In addition, the following is added to **A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – BUSINESS AUTO CONDITIONS** and **SECTION V – MOTOR CARRIER CONDITIONS**, and **7. Transfer Of Rights Of Recovery Against Others To Us** of **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:

However, this condition does not apply to recovery for payment we make under this Coverage Form from a person or organization with whom you have agreed to waive your right of recovery in a written contract signed prior to the loss.

We will retain the additional premium shown above, regardless of any early termination of this endorsement or the policy.

**ALL OTHER TERMS, CONDITIONS AND EXCLUSIONS OF THIS POLICY REMAIN UNCHANGED.**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **NOTIFICATION TO DESIGNATED PERSON OR ORGANIZATION – FOR SELECTED REASON**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM  
COMMERCIAL GENERAL LIABILITY COVERAGE FORM

The provisions of the Coverage Form apply unless modified by this endorsement.

Endorsement Effective:
Named Insured:

At your request, we will provide the following written notification to the persons and organizations designated below at the address listed. Notification will be provided only for the reasons marked with an "X" and by the number of days listed.

Reason for Notification	Minimum Number of Days
<input type="checkbox"/> Cancellation of this policy for nonpayment of premium	
<input type="checkbox"/> Cancellation of this policy for reasons other than nonpayment of premium	
<input type="checkbox"/> Non-renewal of this policy	
<input type="checkbox"/> Reduction in liability coverage limit for this policy	

This Notification provision does not change the applicable minimum state notification requirements for cancellation or nonrenewal of this policy to an insured.

**Name and Address of Persons and Organizations:**

**ALL OTHER TERMS AND CONDITIONS OF THIS POLICY REMAIN UNCHANGED.**

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	RLI Insurance Company
<b>TOI/Sub-TOI:</b>	17.1 Other Liability-Occ Only/17.1001 Commercial General Liability		
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## Supporting Document Schedules

<b>Bypassed - Item:</b>	Readability Certificate
<b>Bypass Reason:</b>	Not applicable to this filing
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Consulting Authorization
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Copy of Trust Agreement
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Expedited SERFF Filing Transmittal Form
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	FORM SYNOPSIS
<b>Comments:</b>	
<b>Attachment(s):</b>	GL Form Synopsis - CW.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

FORM #	TITLE	SYNOPSIS
TRS 700 01 20	ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	Provides coverage with respect to liability arising out of the named insureds negligence for the additional insured named on a Certificate of Insurance or <u>when required by contract</u>
TRS 701 01 20	ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	Provides coverage with respect to liability arising out of operations performed by the named insured for the additional insured named on a Certificate of Insurance or <u>when required by contract</u>
TRS 702 01 20	ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	Provides coverage with respect to liability arising out of the named insureds negligence for the additional insured named on this endorsement
TRS 703 01 20	ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	Provides coverage with respect to liability arising out of operations performed by the named insured for the additional insured named on this endorsement
TRS 705 01 20	NOTIFICATION OF CANCELLATION OR NONRENEWAL – TO DESIGNATED PERSON OR ORGANIZATION – FOR REASONS OTHER THAN NONPAYMENT OF PREMIUM	Provides the designated person or organization ( <b>third party</b> ) with notice in the event of cancellation or non-renewal
TRS 706 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR NEGLIGENCE	Provides coverage on a primary and non-contributory basis with respect to liability arising out of the named insureds negligence for the additional insured named on a Certificate of Insurance or when required by contract
TRS 707 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – CERTIFICATE OF INSURANCE OR WRITTEN CONTRACT – FOR YOUR OPERATIONS	Provides coverage on a primary and non-contributory basis with respect to liability arising out of operations performed by the named insured for the additional insured named on a Certificate of Insurance or when required by <u>contract</u>
TRS 708 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR NEGLIGENCE	Provides coverage on a primary and non-contributory basis with respect to liability arising out of the named insureds negligence for the additional insured named on this endorsement
TRS 709 01 20	PRIMARY AND NONCONTRIBUTORY – ADDITIONAL INSURED – DESIGNATED PERSONS AND ORGANIZATIONS – FOR YOUR OPERATIONS	Provides coverage on a primary and non-contributory basis with respect to liability arising out of operations performed by the named insured for the additional insured named on this endorsement
TRS 710 01 20	THIRTY-DAY NOTIFICATION OF CANCELLATION OR NONRENEWAL TO – DESIGNATED PERSON OR ORGANIZATION	Provides the designated person or organization ( <b>third party</b> ) with notice in the event of cancellation or non-renewal
TRS 712 01 20	WAIVER OF RIGHT OF RECOVERY – DESIGNATED PERSON OR ORGANIZATION	The company waives its right of subrogation against the designated person or organization named in this endorsement
TRS 713 01 20	WAIVER OF RIGHT OF RECOVERY – BY WRITTEN CONTRACT	The company waives its right of subrogation against any person or organization in which the named insured has agreed by contract to waive its <u>rights</u> .
TRS 715 01 20	NOTIFICATION TO DESIGNATED PERSON OR ORGANIZATION – FOR SELECTED REASON	Provides the designated person or organization ( <b>third party</b> ) with a designated notice in the event of cancellation, non-renewal or reduction in limits